

State of Indiana)
) SS:
County of _____)

POA-20

SF# 49377
Rev 6/00

**DISTRIBUTEES AFFIDAVIT
FOR DISPOSITION OF ESTATES, PURSUANT TO I.C. 29-1-8-1**

_____, and _____

after having been first duly sworn according to law say:

1. That _____ departed this life (testate) (intestate)
(Circle one)
on the _____ day of _____, _____, a resident of the State of _____.
Year
2. That said decedent left no widow or widower surviving him or her and that your affiants are all of the persons who are entitled to the real and personal property of said decedent (under his or her will) (under the statutes of intestate succession of the State of _____).
(Circle one)
3. That the value of the entire assets of the estate of said decedent does not exceed the sum of \$25,000.00.
4. That no petition for the appointment of a personal representative for the estate of said decedent is pending or has been granted.
5. That 45 days have elapsed since the death of the said decedent.
6. That there is in the possession of the Auditor of the State of Indiana, property of the said decedent described as follows:
Warrant No. _____ in the amount of \$ _____.
Warrant No. _____ in the amount of \$ _____.
7. That your affiants request the Auditor of State of Indiana to endorse the above listed warrant to:

for the benefit of your affiants as distributees of the estate of said decedent.

And further affiants say not. _____

(Signature)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.
Year

(Signature)

Notary Public

(Printed) _____

My Commission expires: _____.

Resident of _____ County.

Mail completed form to: State Auditor's Office, State House, Rm. 234B, Indianapolis, IN 46204.